

## Exhibit 39

# Behavioral Health: Developing A Better Understanding

Ohio Association of

COUNTY  
BEHAVIORAL  
HEALTH  
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## OHIO'S OPIATE EPIDEMIC

In Ohio, our opiate problem has reached epidemic proportions. Based on annual averages, four people in Ohio died today from accidental overdose. That estimate will be the same again for tomorrow and the day after that and the day after that. If this epidemic is not addressed individuals throughout Ohio will continue to die needlessly.

*“We now need unanimous bipartisan support to fight the scourge in this country and in this state of prescription drug addiction in Ohio. We are engaging the enemy....We have created a coalition of government, community leaders, who have already demonstrated incredible teamwork in implementing a plan to free Ohioans who are trapped in homelessness and despair....These people were alone, they were vulnerable, at times they felt hopeless. Guess what? The cavalry has arrived, and you will not stand alone, and this legislature will not let you stand alone.”*

~ Governor John Kasich, State of the State Address, March 8, 2011

The statistics are astounding. Ohio's opiate epidemic has major health, safety, and fiscal implications on communities throughout the state.

- In 2007, unintentional drug poisoning became the leading cause of injury death in Ohio, surpassing motor vehicle crashes and suicide for the first time on record. This trend continued in 2008. (Ohio Department of Health - Office of Vital Statistics)
- From 1999 to 2008, Ohio's death rate due to unintentional drug poisonings increased 350 percent, and the increase in deaths has been driven largely by prescription drug overdoses. In Ohio, there were 327 fatal unintentional drug overdoses in 1999 growing to 1,473 annual deaths in 2008. (Ohio Department of Health - Office of Vital Statistics)
- Males 45-55 years of age are particularly vulnerable to unintentional overdose, but rates for females are climbing more rapidly. (Ohio Department of Health - Office of Vital Statistics)
- In 2007, 26.5 percent of high school students reported using a prescription drug without a doctor's prescription one or more times during their lives. (Ohio Department of Health - 2007 Ohio Youth Risk Behavior Survey)

### Annual Costs

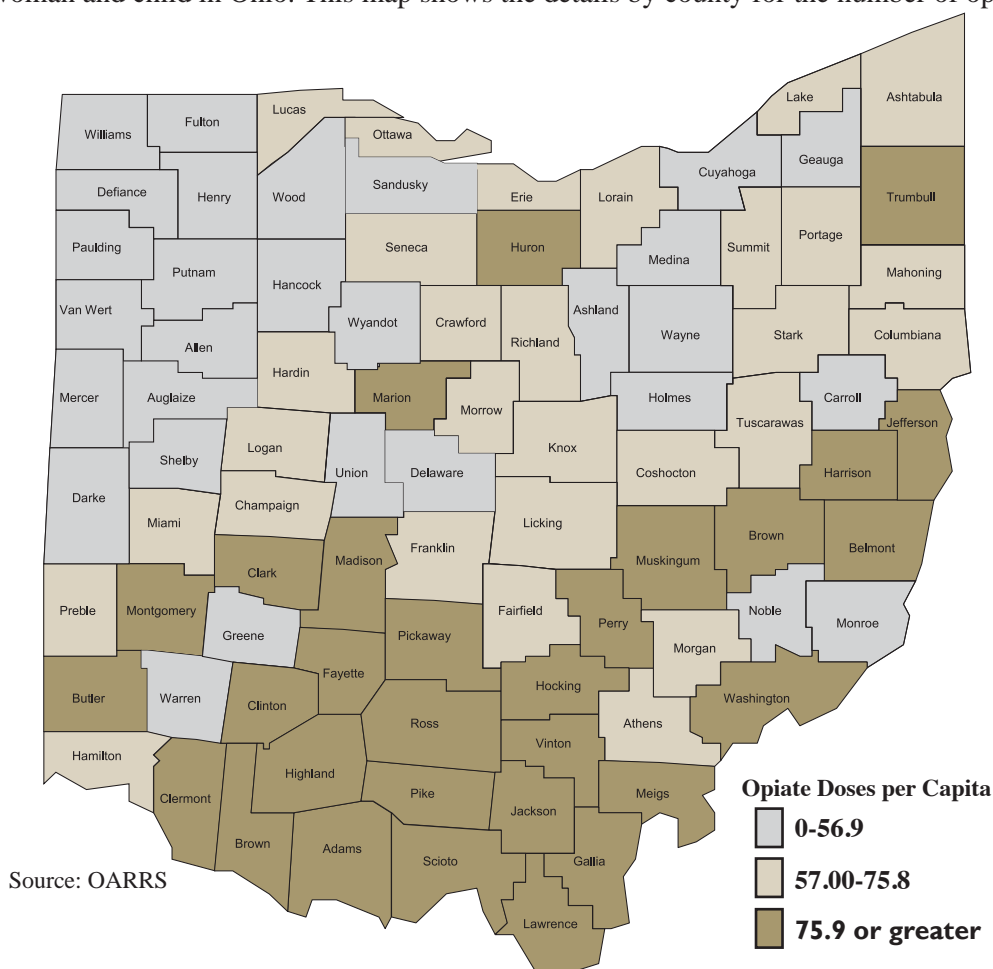
The Ohio Department of Health reports that in addition to the tragic loss of human life, drug overdoses are associated with high direct and indirect costs. Unintentional fatal poisonings cost Ohioans \$3.5 billion on average each year; non-fatal, hospital-admitted poisonings cost an additional \$31.9 million. These costs include medical, work loss and quality-of-life loss.

Estimated average annual costs of fatal and non-fatal, hospital admitted unintentional drug overdose in Ohio <sup>1</sup>		
Types of Costs	Fatal Costs <sup>2</sup>	Non-fatal, hospital admitted costs <sup>3</sup>
Medical	\$4.9 million	\$19.1 million
Work Loss	\$1.2 billion	\$5.2 million
Quality of Life loss	\$2.2 billion	\$7.6 million
<b>Total</b>	<b>\$3.5 billion</b>	<b>\$31.9 million</b>

Source: <sup>1</sup>Children's Safety Network Economics & Data Analysis Resource Center, at Pacific Institute for Research and Evaluation, 2005; <sup>2</sup>Year 2004 Dollars, Based on 2004-2007 average Ohio incidence; <sup>3</sup>Year 2005 Dollars, Based on Year 2003 Ohio Incidence.

## 2010 Prescription Opiate Consumption Per Capita

In 2010, the total number of doses of opiates that were prescribed in Ohio reached an astounding 776,163,404, or 67 doses for every man, woman and child in Ohio. This map shows the details by county for the number of opiate doses prescribed per capita.



### House Bill 93

State Representatives Terry Johnson (R-McDermott) and Dave Burke (R-Marysville) introduced House Bill 93 to combat the growing prevalence of prescription drug abuse and fatalities within the state of Ohio. HB 93 passed the Ohio House of Representatives with a unanimous vote on March 9, 2011.

House Bill 93 will enhance the current Ohio Automated Rx Reporting System (OARRS)—which was established in 2006 to assist health care professionals in providing better treatment while quickly identifying drug-seeking behaviors—to provide additional oversight. It will also limit prescribers' ability to personally furnish certain controlled substances; enact Medicaid reforms to improve consumer education and allow for better care coordination; improve licensing and law enforcement for pain-management clinics; and develop a statewide prescription drug "take-back" program. House Bill 93 will move to the Ohio Senate for further consideration and debate.

### MAT Emergency Rule

On February 21, 2011 Governor John Kasich signed Executive Order 2011-06K that allowed the Ohio Department of Alcohol and Drug Addiction Services to utilize an emergency rule to amend section 3793:2-1-08 of the Ohio Administrative Code. The rule is being amended to define and add the service of medication assisted treatment. The service allows a certified treatment program to utilize FDA approved medication for the treatment of alcohol and/or drug addiction. The medication assisted treatment service is not a Medicaid billable service.

#### Sources:

Ohio Automated Rx Reporting System  
Ohio Department of Health

Ohio Department of Alcohol and Drug Addiction Services  
Office of the Governor, State of Ohio

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